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Under the Pape	erwork Reduction	ACI DI 1995.	no person	Application Number	10/730		i uniess f	t displays a valid OMB control number.	
TRANSMITTAL FORM			Filing Date	12/08/0	12/08/03				
			First Named Inventor	Bruce	Bruce Steinberg				
				Art Unit	3736			· · · · · ·	
(to be used for all correspondence after initial filing)			Examiner Name	Marmo	r II, Charles	, Charles			
	Pages in This Sub		<u>'</u>	Attorney Docket Number	er 062365	062365.00006			
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		SIGNAT	URF	OF APPLICANT, ATT	FORNEY	OR AC	ENT		
Firm Name	<u> </u>					, •			
	Holland & Knigh	ht LLP							
Signature	Mu	1 C	1	1					
Printed name	nted name Michael J. Colitz, III								
Date	03/22/06			Reg. No. 37,01			0		
	as first class ma	dence is be	ing facsi		PTO or de	osited wit		nited States Postal Service with Alexandria, VA 22313-1450 on	
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Typed or printed n	ame Michae	el J. Colitz, I	/ 				Date	03/22/06	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2006 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)	bursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known						
FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Art Unit Marmor II, Charles						n Number	10/730,4	82				
Mapplicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (S) 520.00						Filing Date 12/0		/08/2003				
Art Unit Marmor II, Charles						First Named Inventor Bruce S			einberg			
TOTAL AMOUNT OF PAYMENT (\$) 520.00 Attorney Docket No. 062365.00006 METHOD OF PAYMENT (check all that apply) Check \(\frac{1}{2} \) Credit Card \(\frac{1}{2} \) Money Order \(\frac{1}{2} \) None \(\frac{1}{2} \) Other (please identify): \(\frac{1}{2} \) Deposit Account Deposit Account Number: 50.1667. Deposit Account Name: Holland & Knight LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) \(\frac{1}{2} \) Charge fee(s) indicated below \(\frac{1}{2} \) Charge fee(s) indicated below, except for the filling fee \(\frac{1}{2} \) Charge fee(s) indicated below, except for the filling fee \(\frac{1}{2} \) Charge fee(s) indicated below, except for the filling fee \(\frac{1}{2} \) Charge fee(s) indicated below, except for the filling fee \(\frac{1}{2} \) Charge fee(s) indicated below, except for the filling fee \(\frac{1}{2} \) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on 170-3938. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES FILING FEES FILING FEES Small Entity Application Type Fee (3) F	Applicant claims small antify status. See 27 CED 4 27					niner Name 3736						
METHOD OF PAYMENT (check all that apply) Check			Γ	37 GFR 1.27	Art Unit	Art Unit Marmor II, Charles						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number_50_1667 Deposit Account Nume: Holland & Knight LLP	TOTAL AMOUN	T OF PAYMENT	(\$)	520.00	Attorney [Oocket No.	062365.0	00006				
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	Check ✓ Credit Card Money Order None Other (please identify):											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Oracle any overpayments Oracle and any overpayments Oracle and solve and information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information and information should not be included on this form. Provide credit card information should not be included on this formation and information and information should not be included on this formation information should not be included on this formation should information should information should information should information should information should information should be subject to a surcharge. Oracle and Information be included on this formation should information should information should information should information should informat	✓ Deposit A											
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MANNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)	Сн	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee										
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Signature Filing FEES Small Entity Fee (\$) Fee	FEE CALCUL	ATION (All the f	ees belov	w are due upon	filing or ma	y be subje	ct to a su	rcharge.)				
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)	Reissue	300	150	500	250	60	0 30	0				
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof [Fee (\$)] Fee Paid (\$) A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1 mo. Ext. \$60; Disclaimer \$65; IReq. for Con.Exam \$395 SUBMITTED BY Registration No. 27 010 Telephone of a graph of the sequence or computer (excluding electronically filed sequence or computer (excluding electronical electronic filed electronic for each additional 50 or fraction thereof (excluding electronic filed electronic fi												
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(Attomey/Agent) 37,010 813/227-8500	Signature	Min	Cu	111				Telephone	813/227-8500			

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Name (Print/Type) Michael J. Colitz, III

(Attorney/Agent)

Date 03/22/06

EXPRESS MAIL CERTIFICATE

EXPRESS MAIL" MAILING LABEL NUMBER: EV842380536

DATE OF DEPOSIT: 3/22/06

I HEREBY CERTIFY that the enclosed Transmittal Form; Fee Transmittal Form; Request for One Month Extension of Time; Amendment B; Terminal Disclaimer to Obviate a Double Patenting Rejection Over a "Prior" Patent; Credit Card Payment Form; Information Disclosure Statement; Request for Continued Examination; and return receipt postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, postage prepaid, on the date indicated above and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 1450.

Michael J. Colitz, III

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